

Application ID to be filled out by DRIVE (FOUO):

## DRIVE EZ-BAA Solicitation – Abstract

### Introduction

All applicants for the DRIVE EZ-BAA must complete this EZ-BAA Abstract Form. The form allows for the review of your project to confirm it is within scope and of interest for DRIVE funding. For details on the funding scope, priorities and timing, please visit [drive.hhs.gov](https://drive.hhs.gov) and review the solicitation (BAA-18-100-SOL-00018) on Federal Business Opportunities (FBO) at <https://fbo.gov/spg/HHS/OOS/OASPHEP/BAA-18-100-SOL-00018/listing.html>.

If your project is in scope it will be assigned for review and you may be considered for award. Note that the DRIVE EZ-BAA is intended for rapid awards of up to \$749K; abstracts requesting more than \$749K will not be accepted.

Please note that in order to receive an award you must have an active registration in the System for Award Management (SAM). You can register and check your registration status at [www.sam.gov](https://www.sam.gov). Full application instructions, including review criteria, can be found at in the solicitation posted on [fbo.gov](https://fbo.gov). Additional resources are also available on [drive.hhs.gov](https://drive.hhs.gov).

### IMPORTANT

#### Instructions and conventions

- ***First save this document to your local hard drive. Filling out this document on-line in your browser may lead to inconsistent behavior while filling out the form. Use [Adobe Acrobat Reader DC](#) for the best results.***
- ***Please complete one form for each proposition.***
- ***All fields marked with an asterisk (\*) are required.***
- ***Fields labeled with red text should only include proprietary information. All other provided information may be used and displayed publicly. Please be sure to check the 'Acknowledge' box below.***
- ***Submission instructions are listed at the end of this document.***

By clicking the following checkbox, you hereby acknowledge that proprietary information is to be entered only in the sections marked 'proprietary' (i.e. labeled with red text), and that DRIVE is not responsible for proprietary information that is entered in sections that are not marked as such.

Acknowledge \*

Application ID (FOUO):

**A. Basic Information (\* Denotes required field.)**

**IMPORTANT: All fields labeled in red contain proprietary information.**

First Name \*:

Middle:

Last Name \*:

Email \*:

Email (confirm):

*If your primary work location is different from your organization's headquarters, please enter those details below. Otherwise, leave blank except for phone number(s). You will be prompted to enter your organization's main address on the next screen.*

Office Address 1 \*:

Office Address 2:

City \*:

State / Province / Region \*:

Zip / Postal Code\*:

Country \*:

Phone \*:

Mobile:

**A.1 How did you learn about BARDA? Check all that apply.**

BARDA Industry Day

DRIVE Event

News article or blog

DRIVE website

DRIVE Accelerator

BARDA via medicalcountermeasures.gov or phe.gov

Advocacy group

A colleague

Social media

Scientific conference

Scientific publication

Other, describe

## B. Organizational Information

### B.1 Address (\* Denotes required field.)

Organization Name \*:

Address 1 \*:

Address 2:

City \*:

State / Province / Region \*:

Zip / Postal Code \*:

Country \*:

Website:

### B.2 Details (\* Denotes required field.)

**Business type, size, revenue, and prior award information is for survey and metrics reporting purposes only and the proposal will be based on solicitation criteria ONLY and not on this information.**

NAICS Code (See complete listing at [https://www.sba.gov/sites/default/files/files/Size\\_Standards\\_Table.pdf](https://www.sba.gov/sites/default/files/files/Size_Standards_Table.pdf).) \*:

Business Size (Select all that apply.): \*

8(A)

HUBZone

Number of Employees \*:

Small Business

Small Disadvantaged Business

Annual Revenue \*:

Service-disabled Veteran-Owned Small Business

Woman-Owned Small Business

Other Than Small (Large Business)

Have you ever been awarded a government (federal, state, local, tribal or territorial contract or grant? Yes No

Are you currently under a grant or contract issued by BARDA? Yes No

If yes, what was the date of the most recent award?

If yes, what was the period of performance?

If yes, what was the total dollar value of the contract or grant?

Is your organization registered in the SAM?

Yes - Enter ID

No - While your abstract can be reviewed before your organization has a SAM ID, you must hold an ID before an award can be made. Go to [sam.gov](http://sam.gov) to register.

Specify the legal structure of the organization applying for the DRIVE award. \* (select 1)

Privately held company

Publicly held company

FFRDC

Educational Institution

Non-Governmental Organization

Other Non-Profit Organization

Non-legal entity

Have you previously applied to DRIVE for the same or a substantially similar project? \*

Yes - Please provide application ID:

No

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### C. Current Funding Sources

Do you presently receive funding from any USG entities? \* (Check all that apply.)

BARDA

CARB-X

NIAID Pre-clinical Services

NIH/NIAID/SBIR/STTR grants or contract

Centers for Disease Control and Prevention (CDC)

Other HHS

Defense Advanced Research Projects Agency (DARPA)

Defense Threat Reduction Agency (DTRA)

Defense Health Agency (DHA)

Other DoD

National Science Foundation (NSF)

Department of Energy (DOE)

Department of Homeland Security (DHS)

Intelligence Advanced Research Projects Activity (IARPA)

Small Business Administration

Other department

No US Government funding

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#### D. DRiVe Project Proposal (\* Denotes required field.)

What is the title of your project? \*

Which Impact Area does your application relate to? \*

Please give a non-proprietary description of your project in 100 words or less. \*

**IMPORTANT: All fields labeled in red contain proprietary information.**

Please select your product type. \*

What stage of development is your project? \*

What is the funding request (in US Dollars), duration of funding, cost-share proposition (if any) and impact on advancement of the program? \*

Amount requested from DRIVE (must be in US Dollars, \$1-\$749,000): \*

Cost-share amount. Minimum target is 30% cost-share by offeror. (Provided by your organization and must be in US Dollars.): \*

Total project cost (auto-calculated):

Duration (months): \*

Proposed period of performance.      Start date:      End date:

Please explain in 100 words or less the impact DRiVe funding will have on your product development): \*

Do you own or have the rights to the Intellectual Property (IP) required to carry out your proposed project? [Choose one] \*

Yes – IP is fully owned

Yes – We have a fully executed license to the IP

No – If selected, please address this in your project proposal.

Not applicable – Our commercialization strategy does not rely on patents



SubmissionSolicitation #: BAA-18-100-SOL-00018

Application ID (FOUO):

**IMPORTANT: All fields labeled in red contain proprietary information.**

Please describe your proposed project in 10,000 characters (~2,000 words) or less. Make sure to include clear tasks and deliverables.\*

Please describe your proposed project costs in 10,000 characters (~2,000 words) or less. \* For helpful reference documents, see [drive.hhs.gov/resources.html](https://drive.hhs.gov/resources.html).

**IMPORTANT: All fields labeled in red contain proprietary information.**

Please state your major project deliverables in 100 words or less.\*

## SUBMISSION INSTRUCTIONS (\* Denotes required field.)

To submit your application, please perform the following steps:

- Ensure that all required fields are completed.
- Enter the month and day of your birth below. If you participate further in the program, this identification code will be used to establish access to our secure system. This information will not otherwise be retained.
- Save a copy of this form using the 'Save' button below. Clicking 'Save' will also validate your form to ensure that you have provided all the required information.
- Attach the copy as an email attachment.
- Include the following items in the subject line of your email:
  - Solicitation number
  - Area of interest
  - Your company name
  - For example: **BAA-18-100-SOL-00018, ENACT, 'ACME Devices, Inc'**
- Send the email to [DRIVEContracting@hhs.gov](mailto:DRIVEContracting@hhs.gov).

Once your application is received, it will be moved to a secure server where it will be reviewed by a DRIVE team member. Once received, you will no longer be able to access your application. Duplicate applications will not be accepted.

Month of Birth (1-12) \*:

Day of Birth (1-31) \*: